

PTO/SB/01 (09-04)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	2910540749
First Named Inventor	Jolanta GUTKOWSKA
COMPLETE IF KNOWN	
Application Number	TBA
Filing Date	June 13, 2003
Art Unit	TBA
Examiner Name	TBA

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OXYTOCIN AS CARDIOMYOGENESIS INDUCER AND USES THEREOF

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 06/13/2003 as United States Application Number or PCT International

Application Number PCT/CA2003/000897 and was amended on (MM/DD/YYYY) 12/21/2004 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
2,391,118	Canada	06/21/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number:	04743	OR <input type="checkbox"/> Correspondence address below
Name				
Address				
City		State	ZIP	
Country		Telephone	Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Jolanta</u>		Family Name or Surname <u>GUTKOWSKA</u>		
Inventor's Signature 				Date 07.02.2005
Residence: City <u>Ville Mont-Royal</u>	State <u>Quebec</u>	Country <u>Canada</u>	Citizenship <u>CA</u>	Canada
Mailing Address 139 avenue Appin				
City <u>Ville Mont-Royal</u>	State <u>Quebec</u>	Zip <u>H3P 1V6</u>	Country	Canada
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>Joanne</u>		Family Name or Surname <u>PAQUIN</u>		
Inventor's Signature				Date
Residence: City <u>Montreal</u>	State <u>Quebec</u>	Country <u>Canada</u>	Citizenship <u>Canada</u>	
Mailing Address 10151 Georges-Baril				
City <u>Montreal</u>	State <u>Quebec</u>	Zip <u>H2C 2M9</u>	Country <u>Canada</u>	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				



PTO/SB/02A (09-04)

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

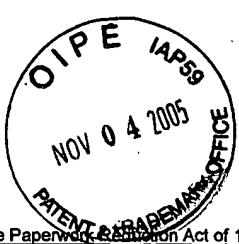
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bogdan A.		DANALACHE	
Inventor's Signature		Date	
Montreal Residence: City	Quebec State	Canada Country	Romania Citizenship
455 St. Kevin, App. 306			
Mailing Address			
Montreal City	Quebec State	H3T 1J1 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marek		JANKOWSKI	
Inventor's Signature	<i>M. Jankowski</i>		Date <i>07. Feb 2005</i>
Montreal Residence: City	Quebec State	Canada Country	CAX Canada Citizenship
5155 West Broadway			
Mailing Address			
Montreal City	Quebec State	H4V 2A1 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (06-04)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	TBA
Filing Date	June 13, 2003
First Named Inventor	Jolanta GUTKOWSKA
Title	OXYTOCIN AS CARDIOMYOGENESIS..
Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	29105140749

I hereby appoint:

Practitioners associated with the Customer Number:

04743

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State	Zip	
Country				
Telephone		Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Joanne Paquin		
Signature	<i>Joanne Paquin</i>		
Date	10 February 2005	Telephone	514-381-2926

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OR

 The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
<input type="checkbox"/>	Address			
<input type="checkbox"/>	Address			
<input type="checkbox"/>	City	State	Zip	
<input type="checkbox"/>	Country			
<input type="checkbox"/>	Telephone	Fax		

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 SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Bogdan A. Danalache		
Signature			
Date	10 02 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
2,391,118	Canada	06/21/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: The address associated with Customer Number: 04743 OR Correspondence address below

Name

Address

City

State

ZIP

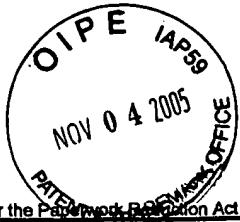
Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Jolanta</u>		Family Name or Surname <u>GUTKOWSKA</u>	
Inventor's Signature <i>Jolanta Gutkowska</i>			Date <u>10 feb 2005</u>
Residence: City <u>Ville Mont-Royal</u>	State <u>Quebec</u>	Country <u>Canada</u>	Citizenship <u>Canada</u>
Mailing Address <u>139 avenue Appin</u>			
City <u>Ville Mont-Royal</u>	State <u>Quebec</u>	Zip <u>H3P 1V6</u>	Country <u>Canada</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Joanne</u>		Family Name or Surname <u>PAQUIN</u>	
Inventor's Signature <i>Joanne Paquin</i>			Date <u>10 feb 2005</u>
Residence: City <u>Montreal</u>	State <u>Quebec</u>	Country <u>Canada</u>	Citizenship <u>Canada</u>
Mailing Address <u>10151 Georges-Baril</u>			
City <u>Montreal</u>	State <u>Quebec</u>	Zip <u>H2C 2M9</u>	Country <u>Canada</u>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

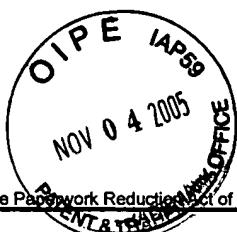
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bogdan A.		DANALACHE	
Inventor's Signature		10 02 Date 2005	
Montreal Residence: City	Quebec State	Canada Country	Canada Citizenship
455 St. Kevin, App. 306			
Mailing Address			
Montreal City	Quebec State	H3T 1J1 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marek		JANKOWSKI	
Inventor's Signature		Date	
Montreal Residence: City	Quebec State	Canada Country	Canada Citizenship
5155 West Broadway			
Mailing Address			
Montreal City	Quebec State	H4V 2A1 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
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Title	OXYTOCIN AS CARDIOMYOGENESIS..
Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	2910540749

I hereby appoint:

 Practitioners associated with the Customer Number:

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OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

 The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State	Zip	
Country				
Telephone		Fax		

I am the:

 Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Jolanta Gutkowska		
Signature			
Date	07.02.2005	Telephone	890-8000 / 12731

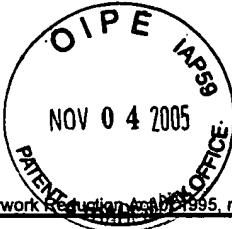
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<input type="checkbox"/>	Firm or Individual Name			
<input type="checkbox"/>	Address			
<input type="checkbox"/>	Address			
<input type="checkbox"/>	City	State	Zip	
<input type="checkbox"/>	Country			
<input type="checkbox"/>	Telephone	Fax		

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 SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Marek Jankowski	<i>M. Jankowski</i>
Signature	<i>M. Jankowski</i>	
Date	07-02-2005	Telephone 890-800-12752

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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